

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048154

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 6874

FILED JAN 9 1964

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Overland Park</b>	
Length of stay in 1b <b>18 days</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>7000 West 66th Terr.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Peter</b> Middle <b>A.</b> Last <b>Marxen</b>		4. DATE OF DEATH Month <b>December</b> Day <b>18</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-2-1900</b>
9. AGE (last birthday) <b>63</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance Agency</b>	
11. BIRTHPLACE (City and state or country) <b>Piper, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Adam Marxen</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Studer</b>	
14. NAME OF HUSBAND OR WIFE <b>Frances Marxen</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Frances Marxen 7000 West 66th Terr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular</b> DUE TO (c) <b>Ocular and Renal Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <b>Abdominal Aneurysm: Malignant Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>3 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>Kansas</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>1-30-63</b> to <b>12-18-63</b> and last saw him alive on <b>12-18-63</b> Death occurred at <b>7:38</b> P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hubert M. Parker M.D.</b>		22b. ADDRESS <b>928 Argyle Bldg</b>	
22c. DATE SIGNED <b>12-19-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12-21-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. St. Marys Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City,</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-63</b>	
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>		27. ADDRESS <b>20 W. Linwood</b>	
28. CITY, TOWN, OR LOCATION <b>K.C. Mo.</b>		29. STATE <b>Mo.</b>	

DOCUMENT

Hubert M. Parker MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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28/150

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Dr. Hubert Parker  
Argyle Bldg  
V. 2-3233

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address

*Amber City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.